

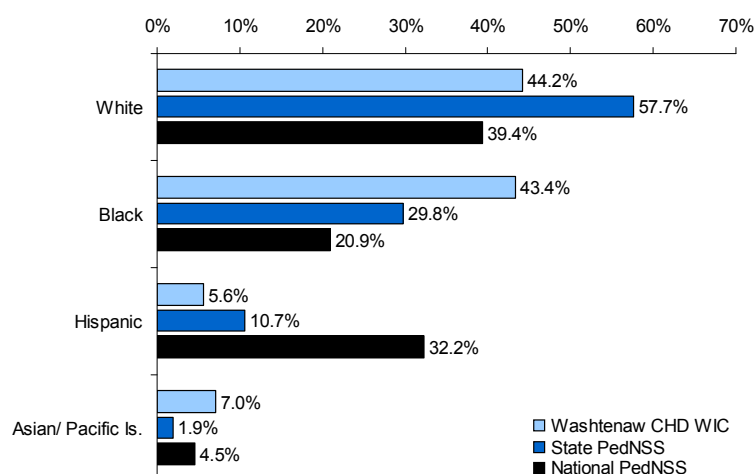
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific, local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

In 2000, Washtenaw County had 20,110 residents under the age of five years old (6.2% of the total population). Statistics from the 2000 U.S. Census also showed that one in ten of Washtenaw County residents under five years old (10.2%) lived below poverty. The Washtenaw County Health Department (Washtenaw CHD) WIC program served, in 2003, 4,814 of the total number of infants and children participating in Michigan WIC annually. PedNSS statistics for WIC infants and children under five years old in Washtenaw CHD WIC showed:

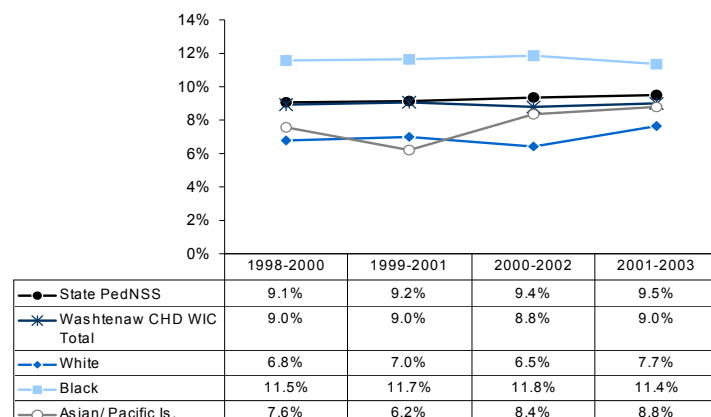
- The overall incidence of low birthweight was 9.0%.
- Except for Hispanic infants, who have a high birthweight incidence equaling 12.1%, less than one in ten WIC infants were high birthweight.
- The prevalence of short stature was nearly equivalent among Hispanic and Asian/Pacific Islander infants and children under the age of two years old and children two to five years old.
- When stratified by race/ethnicity, the prevalence of underweight ranged from 6.3% among Asian/Pacific Islander infants and children to 7.6% in Hispanic infants and children of Washtenaw CHD WIC.
- At least one in ten White and Black children two to five years old were overweight.
- The overall prevalence of iron deficiency anemia was 21.2%.
- Over 80% of Asian/Pacific Islander infants were ever breastfed.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



Although over 80% of infants and children under five years old were either non-Hispanic White or non-Hispanic Black, 7% of Washtenaw CHD WIC participants were Asian/Pacific Islander.

Figure 2. Trend in **low birthweight*** by race/ethnicity among infants in the Washtenaw CHD WIC, 1998-2003 MI PedNSS



*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

Between 1998-2000 to 2001-2003 White infants had the lowest incidence of low birthweight in Washtenaw CHD WIC.

Since 1998-2000 over 70% of Hispanic and Asian/Pacific Islander infants were ever breastfed.

Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the Washtenaw CHD WIC, 1998-2003 PedNSS

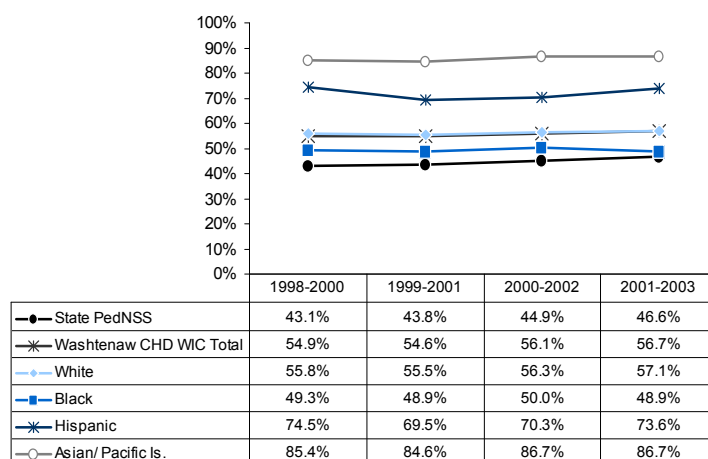
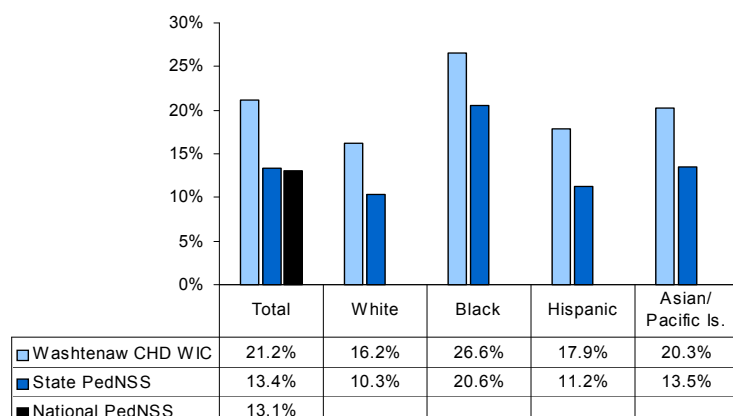


Figure 4. Average prevalence of **iron deficiency anemia*** by race/ethnicity among infants and children under five years old, 2001-2003 PedNSS

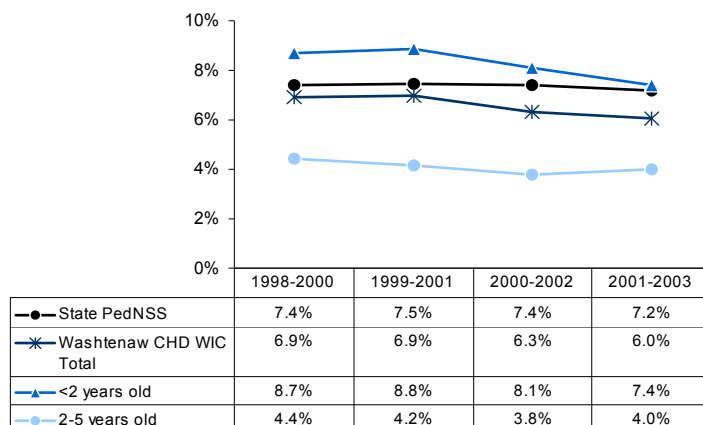


*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

Approximately one in five Black and Asian/Pacific Islander infants and children had iron deficiency anemia in 2001-2003.

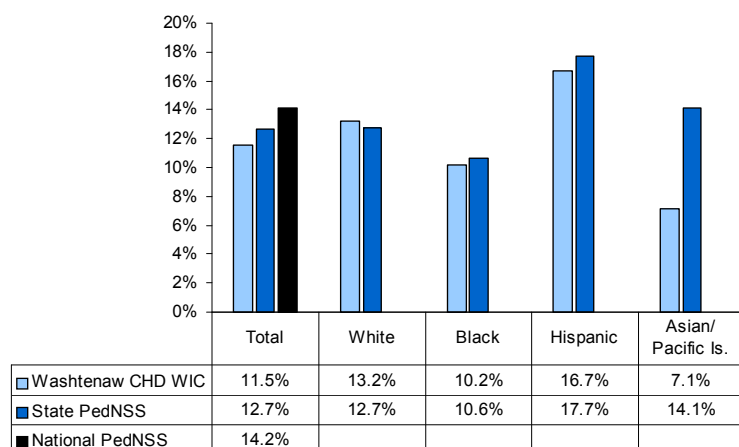
The trend in short stature among children under the age of two years old had decreased consistently since 1999-2001 in Washtenaw CHD WIC.

Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

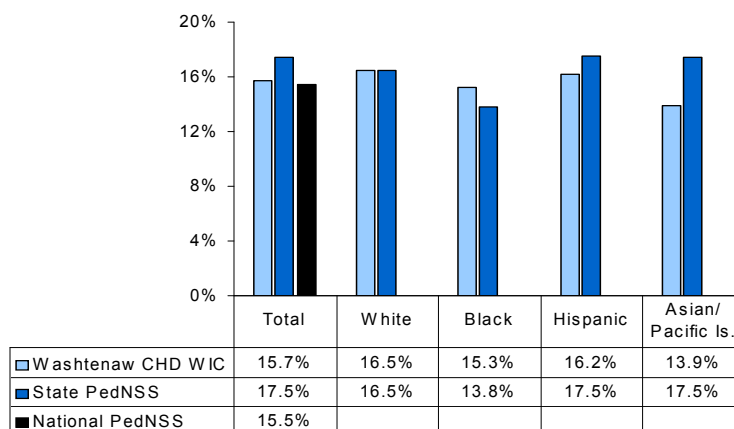
Figure 6. Average prevalence of **overweight*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



Overall the prevalence of overweight was lower for Washtenaw CHD WIC children compared to their state and national counterpart.

*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

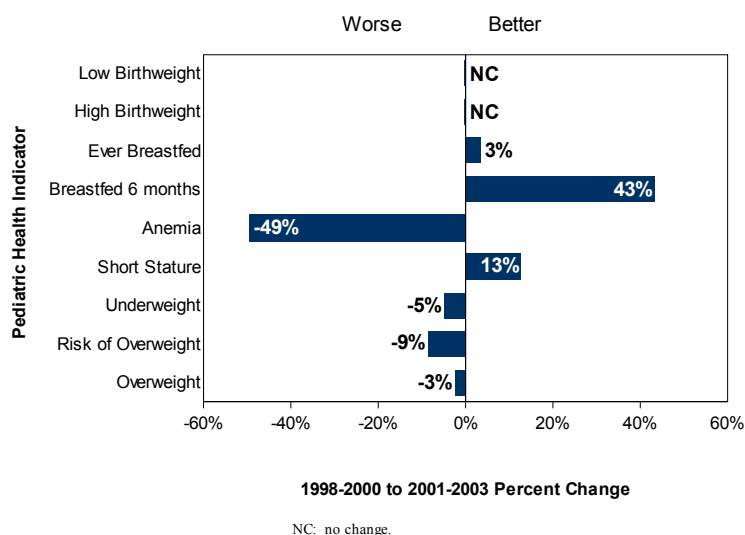
Figure 7. Average prevalence of **risk of overweight*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



*Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Asian/Pacific Islander children in Washtenaw CHD WIC had a lower prevalence of risk of overweight compared to their state peers.

Figure 8. Pediatric **health progress review** for Washtenaw CHD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Between 1998-2000 and 2001-2003 there was no change in incidences related to birthweight, but progress was made in the areas of breastfeeding and short stature.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.